		CEASED NAME	FIRST	The same	MIDDLE	LAST	20 [	DATE OF DEATH	MONTH	DAY YEAR	25 HOUR
	3. SE		FRANK	RACE	TOMPKINS	ABELL 5. DATE OF BIRTH	4.4	June DE INVERSIASIE	15,	1982	6: 10A
	4. 52	Male		White		Dec. 15, 1		91	YRS	MONTHS DAYS	HOURS ME
22		RTHPLACE (STATE OF Maryland	FOREIGN 1	U.S.	WHAT COUNTRY?	MARRIED NEVER MAR	RRIED '	ALTIMORE CITY			
76	I	or town of de eonardtow	n	(IF NOT IN SUC	Mary 8	G HOME OR OTHER INSTITU DDRESS) Hospital	ITION 120 (TYP	USUAL OCCUPA E OF WORK FOR MOST Farmer	TION	12b KIND	OF BUSINESS
35	130 S Ma	AL RESIDENCE (IF NUR STATE Tyland	135 COUNT		13c CITY OR TOWN St. Inig	Oes YES X NO	0 J	street address utland F	Road		
80		John	He	nry	Abell		ilina	WIDDLE			kins
1		VAS DECEASED EVER VES. NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	220-34-8		Zowaiski	Jutlar St. Ir	nd Road nigoes	Maryl	and
		4149	IMMEDIATE	DUE TO, O	R AS A GONGEQUE	NCE OF	elong	- All	rps	1	M
	NON	Canditians, if any gave rise ta im cause to state underlying cause	r, which imediate ing the e lost.		My	NCE OF CATALIANCE OF ANY AND THE BUT NOT PLATED TO	all f	all	e per per per per per per per per per pe	TEN IN PAPE	NS NS
7	RTIFICATION	gave rise to im couse o, stori underlying cous PART Z OTHER SIG	/, which imediate ing the e lost.	DUE TO, O	R O COSSEDUE	NCE OF CALLANDER OF MUT NOT RELATED TO	ED 78	AUTÓPSY?	286 IF YES	VEN IN PART I	
79	ICAL CERTIFICATION	gave rise to im couse to im couse to in state underlying couse PART 2 OTHER SIG	, which imediate ng the e lost.  NIFICANT CO	DUE TO, OI  DUE TO, OI  DUE TO, OI  LET  DINDITIONS CO	CONTRIBUTING TO DE	DPERATION WAS PERFORMED	ED 28	AUTOPSY?	296 IF YE	S. WERE FINDS	5 OF DEATHY
9	MEDICAL CERTIFICATION	gove rise to im couse to im couse to in stori underlying couse part 2 OTHER SIG	, which imediate ng the e lost.  NIFICANT CO	DUE TO, OI  DUE TO, OI  DUE TO, OI  (E)  DINDITIONS CO  1% CONDI  The TIME O  HOUR A.	CONTRIBUTING TO DI	Y YEAR 21 LOCATION 21 LOCATION	ED 28	AUTOPSY?	28b IF YE IN CERTIF YE	S. WERE FINDS	5 OF DEATHY
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And the figure of the figure o	MEDICAL MEDICAL	gave rise to im couse to story underlying coust underlying coust underlying coust the DATE OF OPERATE OPERATE OF OPERATE	which mediate ng the e lost.  NECANTON  CAUSE OF CHANGE	DUE TO, OI  (b)  DUE TO, OI  DUE TO, OI  198 CONDITIONS CS  198 CONDIT	PENJURY M. MONTH DAI M. MONTH DAI M. MONTH DAI M. MORE FACTOR OFFICE TA M. MORE FACTOR OFFICE TA M. M. MORE FACTOR OFFICE TA M. M	PERATION WAS PERFORME  YEAR  ID TIL HOW INJUR  211. LOCATION  EINST  DEGREE  ATTE PHY  PREADDRESS	PACCURRED IN OCCURRED IN OCCUR	AUTOPSY	TO IF YE IN CERTIFY YE ALL TO A	S. WERE FINDS TYING CAUSE S. COUNTY  19 27 Tri and from the	that (I) (and

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June 15, 1982 6:101. 

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J. Patrick Jarboe H.D. Lean retorn, id. 20650

injury, or other traumotic event, th

MPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYG	IENE 8 2	6 4 4 2
	1. DECEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	KATHERI	NE ELIZABE	TH I	BELL	June 2. 1982	6:35 PM
	3. SEX	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	FEMALE	CAUCASIAN	Jan.	22, 1905 AR	77 YRS	MONTHS DAYS HOURS MIN.
-	7a. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY2 8	D X NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
1	Washington, D.C.	U.S.A.	WIDOWE		St.Mary's	MD.
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	JRSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
1	Leonardtown	St. Mary's Ho			HOUSEWIFE	LIFE) INDUSTRY
0	USUAL RESIDENCE (IF NURSING HOME O 130. STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE NTY 136. CITY OR		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	A F ED FF
-	MARYLAND ST.		RDTOWN	YES X NO	Rt. # 1, Box 6	
	14. FATHER'S NAME	MIDDLE LAST		IS MOTHER'S MAIDEN NAM	ME	
1	LOGAN	DUNBAR		MARGARET	BREL	SFORD LAST
	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	Rt. APPRISS Bo	x 6
	NO NO	213-74	-0657	J. ERNEST BEL		, Maryland 20650
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	CONDITIONS CONTRIBUTING	EQUENCE OF THE PROPERTY OF THE	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \( \) NO \( \)
		HOUR A.M. MONTH	DAY YEAR	Transit Brown Occount	LD LENIER NATURE OF INJURY IN HEM IS	PART 1 ORPART 2)
	OR CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OF		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a. I certify that (I) (this hasp sow the desposed oil obove, (I) (a. 1.44) (did no 22b. SIGNATURE 22d. PHYSIC (A. 1.44) (M. 1.44) J. Patrick Ja	Thee, M.D.	10 - 82 . on	ATTENDING PHYSICIAN P  27e ADDRESS  Leonardtown		6-4-82
	236 BURIAL, CREMATION, REMOVAL Burial	Y	Our Lady	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Leonardtown, S	
	24 FUNERAL DIRECTOR BRINSFIELD FUNER	AL HOME LEÔN	ARDTOWN	MARYLAND M	N 1 4 1982	TRAP GNAVILLE

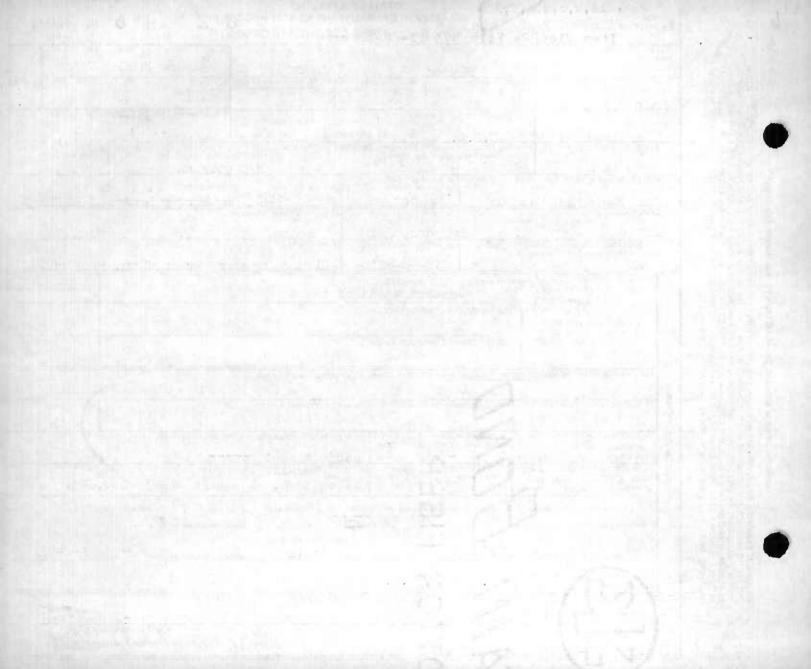
DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

20M 4/82

STATE OF MARYLAND

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	11-	FOR Fi	.1mG569 7/	28/82  km			H AND MENTAL I	TYGIENE 2		6	4	4	4
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		PE OR PRINT)			WINDLE			OF	KNOWN ESTI-	MONTH	DAY	YEAR	26 HOUR
EFERS SA			Samu		Elwood		Burgess		MATED X		7 1		1
当ちゅうだ	3 SE	Х	4. RACE	DATE OF BIRTH		IN YEARS IF L	INDER I YR. IF UNDER	R 24 HRS. 2t. DAT	JNCED	MONTH	DAY	YEAR	10:3
6258		Male	White	4 21		OYRS.		DEA	D	6		9 82	A. A
The second	70 E	OREIGN COUNTRY	STATE OR	76. CITIZEN OF W	HAT COUNTRY?	8. MAR	RIED NEVER MARR	HED TE 9 BALTI	MORE CITY O	R COUNT	Y OF DE	ATH	
10 mm		Marvl			Α	WIDO	WED DIVORG	CED QUE	en Ann	e's C	Count	ly.	ME
DER RECEIPTED	1D. C	ITY OR TOWN	OF DEATH		SPITAL, NURSING H		THER INSTITUTION	120 USUAL OCC		OF WORK		D OF BU	
D. 21201  JE ANY DELAY  S. AND 3 TO THE  S. SHOULD BE FIED  AL RECORDS. 2		ueensto		Bowlin	ngly Lane			Waterm					
ORD JAIN	130	AL RESIDENCE STATE	(IF IN NURSING HOME OR		136. CITY OR TO		13d. INSIDE CITY LIMITS?	13e STREET ADD	RESS P.(	). Bo	x 47	,	
SECTION 212		Marylan	. 1 61.4		Queenst		YES TO NO	Bowli		me	X 1/	.216	558
E, MD.	14. F	ATHER'S NAM		MIDDLE	LAST		15. MOTHER'S MAID		MIDDLE		1/	st	
SESTEN SESTEN	F	Elwood		R.	Burgess,	Jr.	Helen		T	TOTAL	mser		
ALTIMORE, MI AFTER DEATH. IVE PAGES 1, 3 H FORM PM AGES 1 AND 2 ISION OF WHA	160.		ED EVER IN U.S. ARM	ED FORCES?	166. SOCIAL SEC	URITY NO.	17. INFORMANT		ADDRESS	1011	11001	101	
BALTIMA RS AFTER 3. GIVE PA WITH FOR DIVISION	1,	No. OR UNKN	OWN) (IF YES, GIVE W	AR OR DATES	218-48-	8216	Elwood B	urgess: G	meanata	רמיזר	Mam	rlanc	٦
VURS AF WITH WITH DEVINISH	-		OF DEATH (Enter only	one cause per line			T LITWOOD D	arecop, a	<u>accits a</u>	74411	APP	ROXIMATE	INTERVAL
. PRESTON ST., E VITHIN 24 HOUR: VCIL IN ITEM 18. O INER ADONG WI RANSIT PERMIT. I TAL HYGIENE, DI R REMOUVAL.		PARTID	EATH WAS CAUSED	BY:	Gunshot V		of chest	-05			BETWE	EN ONSET	AND DEATH
STON SI N 24 HO N ITEM I A LONG IT PERM IYGIENE	-	92	MMEDIATE	/ DUE TO, OF	R AS A CONSEQUEN	NCE OF							
W. PREST WITHIN SINCIL IN AINER AI TRANSIT NTAL HYG			ons, if any, which								1.5		
W. W. W. W. P. W.			ise to immediate  a) stating the under-	DUE TO, OR	AS A CONSEQUEN	ICE OF							
S CRTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RRITIOG THE WORD "PENDING"." IN PENCIL IN 1TEM 18. GIVE PAGES 1, 2, AND TRED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAES 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2. SHOULD EDERRINKENT OF HALLH AND MENTAL HYGIENE. DIVISION OF WHAL RECOLD PRIOR TO BURIAL, CREMATION, OR REMOVAL.	135	lying ca	use lost.										
AAL BANDAALIO		PART 2 OTNER S	SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISE	ASE OR CONDITION GIVEN IN PA	APT 1 (n)					
ECORDS  D BE EXECTENDING  MEDICAL  AS A BU  CREMAT	Z		_					101					
PEN ME	CERTIFICATION	190 DATE O	FOPERATION	19b. COND	ITION FOR WHICH	OPERATION '	WAS PERFORMED?		- 8		20. AL	JTOPSY?	
CERTIFICATE SHOULD STRING THE WORD "PE DED TO THE CHIEF W E S SHOULD E DEPARTMENT OF HE DEPARTMENT OF HE COMMENT O	문			1							YE	s 🔯	NO 🗌
OF VITA  ATE SHOI  FE WORD  THE CHIE  FLD BE US  MENT OF	1 1	210 EXTERN	AL CAUSE WAS	21b. TIME O	FINJURY PS	- 21c. I	HOW INJURY OCCURRI	ED LENTER NATURE OF	INJURY IN ITEM 18 P	ART I OR PAR		94	
ON OF STHEW TO THE HOULD BARTMEN		UNDERLYIN	G ØOR ING □ CAUSE OF DI	HOUR A.A	1. MONTH DAYS	00	ubject shot	himself					
IVISION CERTIFIC TITING TO DED TO S 3 SHO DEPAR	MEDICAL	21d. INJURY		21e PLACE	OF INJURY (AT HO)		OCATION BOWL in	gly Lane					
DIV HIS CI WRITI ARDE AGE 3 ATE D 1201	X	AT WORK	NOT WHILE	road	TORY, FARM, ETC.)		ueenstown.	city or t		5 CO.	MC MC	i.	STATE
DIVIS DIVIS DATE, WRITIN DATE, WRITIN DAE, WRITIN DAE, PAGE 3 HE STATE DEP		AT TOM	AT TOOK				[V]					-	
A S S S S S S S S S S S S S S S S S S S			tify that I took charge	of the remains de		-		ın 🔲 , İnquir	y L., an	d in my op	inion		
EXAMI CERTIFIC OUR BE DIRECT WARYLY		death resul	ted fram: Naturo	I causes,	Accident,	Suicide		Undetermined i	manner 🔼,				
A S S S S S S S S S S S S S S S S S S S		ACTUAL	1/10000	y Da	0		TITLE (SPECIFY)	.+		DATE	6.	-8-8	2
ATH ATH		SIGNATURE	Jorginic	- 220	va		M.D. <u>Assistan</u>	MEDICAL EXA	MINER	SIGNE	D	-0-0	
MONEDI MO	2	EXAMINER'S	NAME Vira	inia I. I	Dolan, M.	).	111	Penn Sti	reet				
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PARTER DEATH, WITH THE STEM DEATH OFF. MARYTAND, 2	02	(TYPE OR PR					_ADDRESS						
		(SPECIFY)	ATION, REMOVAL 23		4		OR CREMATORY	23d LOCATION		COUN			ATE
BP		Burial	CTOR	6-11-82	I Wesle	ey Char	nel Cemeter	REC'D. BY REGISTE	AR 25 MG		Mary	land	3
DHMH - 17 1		NAME		ADDRES				N 1 4 198	nan		2007/	with.	
(VR A15 ME (5)) 20M 4/82	LI	<u>leLfenb</u>	ein-Hubbar	d Funera	IL Home: C	chester	c. Md.	7 7 1001		OF	-	sandiff.	



Mrs Paul Ziegler Box 251A Queenstown Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO F 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated 22c DATE SIGNED Howard, Maryland 24 FUNERAL DIRECTOR Harry H Witzke 4112 Columbia Rts Ellicott City MARCE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

IF UNDER 1 YEAR

INDUSTRY

IF UNDER 24 HR

126 KIND OF BUSINESS OR

20. DATE OF DEATH MONTH

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

DHMH - 16 50M 1/81

(VRA 15, 4)

FOR

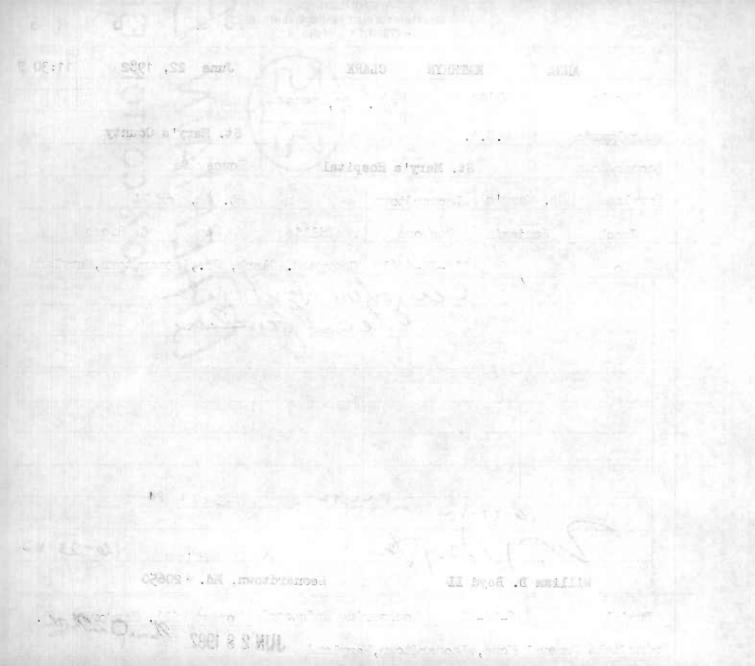
REGISTRAR

DECEASED NAME

- STATE

No. of the last of		Mary E. Rulle	
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3. SE:	CEASED NAME FIRST	WIDDLE	LAST	REG. NO	SONTH DAY YEAR	
7a. BI						2b HOUR
7a. BI		KATHRYN	CLARK		, 1982	11:30
7q. BI	Female	White	Feb. 23, 1895	6 AGE (IN YEARS LAST BIRTH	MONTHS DATS	HOURS MIN
	IRTHPLACE ISTATE OR FOREIGN COUNTRY) nnsylvania	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED X DIVORCED	9 BALTIMORE CITY OR St. Mary!		
16 L	eonardtown	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET St. Mary	NG HOME OR OTHER INSTITUTION ADDRESS) S Hospital	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Y HOUSEWIFE	N 126 KIND	OF BUSINESS OF
130 S M	aryland St.	other institution give residence before 13c. City or town Mary's Leonard	13d. INSIDE CITY LIMITS?	Rt. #2, Bo	ox 74	
30		njamin Beshor		Mae	Gross	51
	VAS DECEASED EVER IN U.S. AR yes, no or unknown) (IF yes, GIV NO	MED FORCES?   16b SOCIAL SECU 16 WAR OR DATES)   218-28-5		ADDRES Lark, Jr., Lec		aryland
CERTIFICATION	couse (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (		DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY?	TION GIVEN IN PART TO 20b. IF YES, WERE FINDO IN CERTIFYING CAUSES YES	NGS USED
MEDICAL CER	2 Ia. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	P.M.	19			NO []
MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE F	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	saw the deceased alive on above (Filmer (ally)) (did an 77% SIGNATURE	t) view the body after death.		death occurred on the date	22c. DATE	that (I) (we) last courses stated SIGNED 23 - 82
230 B		D. Boyd LL		own, Md. 20	0650	
	URIAL, CREMATION, REMOVAL	23b DATE 23c 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE ? - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 1. DECEASED NAME 2b. HOUR OUNICII. Jane 198 3 SEX AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS July 16, 1918 HOURS Male White 63 TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED N.C. U.S.A. St. Mary's ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 12b KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Civil Service (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Leonardtown St. Mary's Hospital DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13e STREET ADDRESS 2. Box 590 St. Mary's Hollywood Md. Rt. A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MacArthur John Thomas Margaret Council Mary In WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN)
Yes (IF YES, GIVE WAR OR DATES) 578-03-8902 Donald E. Council, Jr. Same as above 18 CAUSE OF DEATH (Enter only one couse per lige for (a), (b), and (c aras a consequence of Cx housens Inclusions PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ğ CERTIFICATION 0 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? pe NOF YES T 18 sho and Mento! Hygie ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P M 19 21e PLACE OF INJURY 21f LOCATION 21d INJURY OCCURRED AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK NOT WHILE 220.1 certify that (1) (this haspitel) attended the deceased from... sow the deceased alive on\_ , and that in (my) (aut)-opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT should be 23c NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION REMOVAL 23b DATE Charles Mem. Gardens Leonardtown St. Mary's Md (SPECIFY) Burial 6/10/82 250. DATE REC'D. BY REGISTRAR 256. REGISTRA 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 Leonardtown, Md. Clarke Mattingley (VR A 15 (4))

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ARTMENT	0	E HE	ALI	TH.	AND	MENT

	REGISTRAR	CERTI	FICATE OF DEATH	REG. NO.	
	1. DECEASED NAME FIRST (TYPE OR PRINT)  JOSEPH	LEONARD DINGEE	LAST	June 24, 198	82 YEAR 210 HOUR 2:05P M
þ	Male Male		OF BIRTH 29 1.2	6 AGE (IN YEARS LAST BIRTHDAY) 70 years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN.
L	Abell, Md.	V.D.A. WIDOW		St. Mary's Cou	
1	Leonardtown,	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  St. Mary's Hospital	1	12th USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR INDUSTRY
5	13h Str.	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS Marys 13 ABELTOWN	13d. INSIDE CITY LIMITS?	PSTREET ADDRESS 42	
	Louirs Edv	ward Dingee	Josephin		Long LAST
10.	160. WAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SECURITY NO. 217-32-0124	A Rose C.	Nelson Colton	ns Point, Md.
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONTRIBUTING TO DEATH BUT	P Næuma Carcanina	V	GY MO,
1	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATIO	DN WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
	OR CONTRIBUTING CAUSE OF DEA	P.M. 19		RED (ENTER NATURE OF INJURY IN ITEM I	B PART 1 OR PART 2)
	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY 51ATE
	27a I certify that (I) (this hospit saw the deceased alive on	tol) attended the deceased from	nd that in (my) (our) apinion o	to, todeath occurred on the date and h	our and from the couses stated
	224 SIGNATUR	las	DEGREE  ATTENDING PHYSICIAN  1726 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	6-28-82
	John F. Fenw		Leonardtown	,Maryland 2065	o .

DHMH · 16 50M 1/81 (VRA 15, 4)

Burial

24 FUNERAL DIRECTOR
W. Clarke Mattingley Leonardtown, Md.

June 26, 1982 Charles Memorial I.

COUNTY

STATE

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				STATE OF MARYLAND				
	1	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2.	16	5 4	4 9
		ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY	YE AR 26	HOUR
		MARY	GERALDINE	DISSINGER	June 29	1982		10:30
	3. SE		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	IF UNI		UNDER 24 HR
		emale	Caucasian	Sept. 10, 1918	63	YRS		- All
1	W	SIRTHPLACE (STATE OR FOREIGN COUNTRY) ashington, DC	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR St. Mary		DEATH	
71	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO	N 12	b. KIND OF BI	USINESS
16	LI	eonardtown	St. Mary's Ho	spital	Waitress		estau	rant
80	14 F	aryland St.  ATHERS NAME PRIST Homas Everet	MIDDLE Hesslar	dtowhyes x no - 15 mother's maiden na Maude Ran		вох 4	, Mon	tere
		WAS DECEASED EVER IN U.S. AI	IVE WAR OR DATES)		ADDRES	S		
1	N		A 578-24	-355B Donald Di	ssinger S	Same As	s #13	A-E
		Conditions, if any, which gove rise to immediate couse (0), stoting the	DUE TO, OR AS A CONSEQUE	ie Obstruc	tine Pul	mona	, Des	? Car
	ATION	gove rise to immediate couse (o) stofting the underlying cause last	DUE TO, OR AS A CONSEQUE  (c) A P  CONDITIONS CONTRIBUTING TO E	NCE OF, MAN OF MEATH BUT NOT RELATED TO THE TERM	ainal disease or condi	ITION GIVEN IN		? ear
2	RTIFICATION	gove rise to immediate couse (o), storing the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION	DUE TO, OR AS A CONSEQUE  (c) P P  CONDITIONS CONTRIBUTING TO E	NCE OF ,  NCE OF	AINAL DISEASE OR CONDI	20b. IF YES, WEI	RE FINDINGS CAUSES OF	
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MARGE GERMANIS DESCRIPTION STATE 23, 1982 LD:30F Coulou naisanuel ele ol alvered at a company of the company instruction style control of the con signings his largen technical town a country of the second continued sundary obset Talanellatarove isroft The course person and the second person with Annique . Problem masoned isingent writing 1801 . Swigt . [81405] The married by were rathern to hill (Fa)

FOR - STATE

REGISTRAR 1. DECEASED NAME (TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEAT

113d. INSIDE CITY

15 MOTHER'S MA

17 INFORMANT

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IH		REG.	NO.				
	June	23,	1982	DAY	YEAR	26 HOU 9:30	A M
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NDING SICIAN	MEDICAL		AFF ICIAN []	220	DATE	SIGNED	E A
dtown	,Mary	land	2065	0			

Leonard

231 NAME OF CEMETERY OR CREMATORY 23d LOCATION

21c HOW INJUR

211 LOCATION

and that in (my) (or

22e ADDRESS

DEGREE

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/B1

(VRA 15, 4)

Chas. Mem. Gardens Leonardtown St. Mary's ardtown. Md. 28 1982 W. Clarke Mattingley Leonardtown, Md.

June 23, 1982 9:30	VI YIM	W.L.	
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C. Harris Land

Clarke Mattingley Leonardtown, Md.

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙎 REG NO 20 DATE OF DEATH MONTH 2b. HOUR 1982 2:29 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR YRS BALTIMORE CITY OR COUNTY OF DEATH St. Mary's 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE)
Farming INDUSTRY Raley ADDRESS Same as above

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [] CITY OF TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the couses stated 22c. DATE SIGNED CTOR PHYSICIAN 20650

Especies

DHMH - 16 50M 1/81 (VRA 15, 4)

FUNERAL DIRECTOR

- STATE

REGISTRAR

L DECEASED NAME

Male Cau. May 27, 1936  Mary 3, 1936  Mary 3, 1936  Mary 3, 1936  Mary 3, 1936  Mary 4, 1936  Mary 5, 1936  Mary 5, 1937  Mary 5, 1937  Mary 5, 1937  Mary 1,	3. SE	CEASED NAM PE OR PRINT)		RLES C1:	MIDDLE LE LA AGE (IN	G]	rigg Sr		DATE KNOWN OF ESTI- DEATH MATED	XX6-2	7-829	26 HOU
BRITHMARCE (SMATOR)   TO COUNTY OF DEATH   TO COUNTY OF THE NOTITION OF DEATH   TO COUNTY O				MONTH DAY	YEAR LAST BIRT	HDAY} MONTH			ONOUNCED	7-2-	-82	: 30
North Carolina U.S.A.   WDOWED   DMORCED   St Mary's County	70 B	IRTHPLACE (				18	ED X NEVER MAR	RIED 7	BALTIMORE CIT	Y OR COUNT		
Mechanicsville 24 Wolff Drive (Residence)   Committee Name   Committee Nam	No	rth C			*	WIDOW	ED DIVOR	0.000				M
13 STATE   13 A. COUNTY   13 A. CITY OR TOWN   13 A. MEDICAL SECURITY NO.   13 A. MEDICAL SECURITY NO.   14 A. COUNTY   15 A	Me	chani	csville	24 Wolff	Drive (R	eside		Elec	TOF WORKING LIFE)		OR INDUSTR	RY
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STATE CONTRIBUTING   OR CONTRIBUTION   OR CONTRIBUTING   OR CONTRIBUTING   OR CONTRIBUTING   OR CONTRIBUTION   OR CONT	160					ON YTIS		tha			penter	
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   PARTI DEATH WAS CAUSED BY: Undetermined	()	ES, NO, OR UNKN	OWN) (IF YES, GI					la Ann			as 13	
DITCH CONTINUED		18 CAUSE C	OF DEATH (Enter of	only one cause per lin							APPROXIMATE BETWEEN ONSE!	INTERVAL
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SIGNATURE M.D.ASSISTANT MEDICAL EXAMINER SIGNED 7-3-82  EXAMINER'S NAME (TYPE OR PRINT) Virginia L. Dolan, M.D. ADDRESS 111 Penn Street  230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) CTP CHIVOR TOWN CITY OR TOWN USAN ING. STATE  Cremation 7-4-82 Lee Crematory Washington, COUNTY STATE	MEDICAL CERTIFICATION	210. EXTERN UNDERLYIM CONTRIBUT 21d INJURY WHILE AT WORK	AL CAUSE WAS  G OR ING CAUSE O  OCCURRED  NOT WHILE AT WORK	F DEATH P.J.  21b. TIME C. HOUR A.I. 21c. PLACE STREET, FA	OF INJURY M. MONTH DAY YE M. 19 OF INJURY (AT HOME, CTORY, FARM, ETC.)	21f LOG	OW INJURY OCCURI	ion .	Inquiry,	cou	YES XX	
(TYPE OR PRINT) VIRGINIA L. DOLLAII, W.D. ADDRESS III FEITH STEEL  230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN CITY OR TOWN USES IN THE COUNTY STATE  Cremation 7-4-82 Lee Crematory Washington, 2 County State	MEDICAL CERTIFICATION	210. EXTERN UNDERLYIN CONTRIBUT 21d INJURY WHILE AT WORK 220. I cert death resul	AL CAUSE WAS  G OR ING CAUSE O  OCCURRED  NOT WHILE AT WORK	F DEATH P.J.  21b. TIME C. HOUR A.I. 21c. PLACE STREET, FA	OF INJURY M. MONTH DAY YE M. 19 OF INJURY (AT HOME, CTORY, FARM, ETC.)	21f LOG	CATION TREET  Sy XX . Inspect , Homicide	ion .	Inquiry,	and in my op	YES XX	STATE
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Cremation   7-4-82   Lee Crematory   Washington, P. Carry	MEDICAL CERTIFICATION	210. EXTERN UNDERLYIN CONTRIBUT 21d INJURY WHILE AT WORK  220. I cert death resul ACTUAL SIGNATURE EXAMINER'S	AL CAUSE WAS  OR ING CAUSE O  OCCURRED  NOT WHILE AT WORK  Ify that I tack cha	F DEATH  21b. TIME C HOUR A. P.J 21c. PLACE STREET, FA  arge of the remains de tural causes	OF INJURY M. MONTH DAY YE M. 19 OF INJURY (ATHOME, CTORY, FARM, ETC.)  escribed abave, held ar Accident ,	21f LOC s Autop: Suicide	CATION TREET  SY XX. Inspect  Homicide TITLE (SPECIFY)  DASSISTAN	on , , Undetern	Inquiry , , , , , , , , , , , , , , , , , , ,	and in my op	YES XX	STATE
	WEDICAL MEDICAL	210. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK  220. I cert deoth resul ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	AL CAUSE WAS  G OR ING CAUSE O  OCCURRED AT WORK  Ify that I tack cha ted fram: Not	PDEATH P.J. 21e PLACE STREET, FA	DE INJURY M. MONTH DAY YE M. 19 OF INJURY (AT HOME, ETCHY, FARM, ETC.)  secribed abave, held ar Accident ,  Dolan, M.D	211 LOS Surcide MA	CATION  TREET  TITLE (SPECIFY)  ADDRESS 111	on	Inquiry ., nined monner I	and in my op	YES X X 200 UNITY DINION	STATE

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Male Cau. Bry 27,1916 AG - Cau

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Trees sion V-4-82 Lee Chemetory : | Beerington, D. C. .

Huntt Firerri Home, walnurf, Morelong All 17 1987

Burial

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH REG. NO 2b. HOUR 198 11 IF UNDER 1 YEAR IF UNDER 24 HRS DAYS BALTIMORE CITY OR COUNTY OF DEATH St. Marv's 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 13. STREET ADDRESS P.O. Box 10 Elizabeth George Groves 5140 Lake Underhill Groves Orlando, Fla. 3280 32807 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/2

IN CERTIFYING CAUSES OF DEATH? NO [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

22c DATE SIGNED

Leonardtown, Maryland

20650

24. FUNERAL DIRECTOR

6/14/1982

Grand View

23d. LOCATION Altoona

Blair

COUNTY

STATE

Wrclarke Mattingley

Leonardtown, Md.

250. DATE REC'D. BY REGISTRAR 256. REMISTRAR'S SIGNATU 5 1992

DHMH - 16 50M 1/76 (VR A 15 (4) )

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		A SECOND DATE		

126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife INDUSTRY 13. 716 AWashington Street Linger Box 61 3135 James Horace Hamlet Jr. Clements, Md. DITION GIVEN IN PART IL 20s. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 214 HOW INJURY OCCURRED ( SHIPE HATURE OF HUMBE IN TRACE IS PART ) CREARING CITY OF TOWN COUNTS and that in (my) ( copinion death accurred on the date and hour and from the course stated DIRECTOR | PHYSICIANI Leonardtown, Md. 20650 Burial June 19, 1982 Chas. Memorial Gardens Leonardtown 24 FUNERAL DIRECTOR W. Clarke Mattingley Leonardtown, Md.

- STATE REGISTRAR

1. DECEASED NAME

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙎 CERTIFICATE OF DEATH

REG. NO

26 HOUR

20 DATE OF DEATH MONTH

June 17, 1932 19:15		11-11-1-2	₹ V	A FIBLIA	
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PIUMANO JERONE HOPENELL JUNE 18, 1982 Bg. Mary's Legislation at the second at t at the state of th heart from the turn 2 off Your rain woon. .... The same of the sa

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
L DECEASED NAME 1961	MEGIL	TAIT	TO DATE OF DEATH MONTH DAY YEAR	75 HOUR	
THEODOR	E ROOSEVELT	LANGESTER	June 21, 1982	5:18 Am	
1.5EX	4. RACE	5. DATE OF BIRTH	& AGE (PLYEAS LAST BETHDAY) FUNDER LIES	and the second second second second	
Male	Black	Dec. 1, 1902	79 years YES	I worke wher	
Maryland	76, CITIZEN OF WHAT COUNTRY?  U.S.A.		St. Mary's County		
Leonardtown	St. Mary & Host	G HOME OR OTHER INSTITUTION	17% USUAL OCCUPATION 17% KIND (THE OF WORKING 1971) INDUSTRI Ret. Farmer	OF BUSINESS OR	
BSUAL RESIDENCE OF NUMSHIGHDING OF THE COU. STATE THE COU.	Marys Lexingt	N NISH INSIDE CITY LIMITS?	Rt. 1 Box 353		
William	Langeste	r Mary		'n	
NO NAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU 213-14		ngester sam	е	
18. CAUSE OF DEATH (Enter of PART ). DEATH WAS CAUS IMMEDIA	nly one couse per ling for inc. (b), united by August (a) Myoc	arount far	Gue 12	W.	
Conditions, it any, which gave rise to immediate case (a) stating the underlying cause last.	DUE TO, OR AND CONSEQUE	cardial my	arction 3	lays	
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ZIn. ACCIDENT WAS UNDERLYING. OR CONTRIBUTING CAUSE OF DEATH

22x I certify that (I) (this haspital) attended the do

214 INJURY OCCURRED

sow the deceased above, (III) 27h SIGNATURE

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NOT WHAT

1 - STATE

21% TIME OF INJURY HOUR A.M. MONTH YEAR DAY THE PLACE OF INJURY AT HOME STREET PACTORS OFFICE PARK STEE

TH LOCATION

ATTENDING

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MEDICAL

STAFF

20650 Leonardtown, Maryland 731. NAME OF CEMETERY OR CREMATORY

Burial 74 FUNERAL DIRECTOR W. Clarke Mattingley Leonardtown, Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

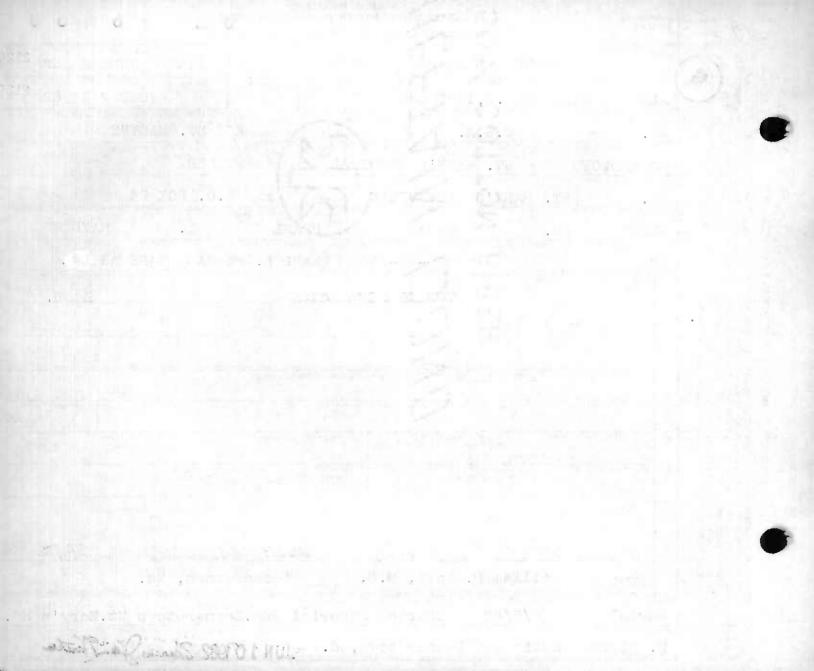
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		FOR STATE REGISTRAR	DEPAR	TMENT OF H	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 2	16	4 5 9		
A		ECEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY YEA	AR 2b HOUR		
		ELIZABET		EAK			982	1:15 BM		
	3. SI		4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS		
5	L	FEMALE	BLACK	APRI	L 27, 1908	74	YRS	MIN.		
Z no	7 a. E	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	(? 8 MARRIE	D NEVER MARRIED	RAITIMORE CITY OR COUNTY OF BEATH				
÷ 16		orth Carolina	U.S.A.	WIDOWE	DIVORCED X		's County	MD		
1/2 Tk	Le	onardtown	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE  St. Mary's Ho	ET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Retired Number 1997)	WORKING LIFE) INDUS	ND OF BUSINESS OR TRY		
agg I	130.	STATE 13b. COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	WN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS Longview H				
aine 3	_	ATHER'S NAME		- Ca	15. MOTHER'S MAIDEN NA	ME	300,011			
18 M			H. CHESTNUT		OLIVE	MIDDLE	REDDI	NG		
medico			IVE WAR OR DATES)		17 INFORMANT		lew Beach			
He H		NO	142-14-	1580	Collissie Mc(	Comb Bushw	ood, Maryl	and 20618 PROXIMATE INTERVAL MEEN ONSET AND DEATH		
To purion, creminipary, or ather t	NO	gave rise to immediate cause (0), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO		NOT RELATED TO THE TERM	ainal disease or cond	DITION GIVEN IN PAR	T Ira		
iows only	CERTIFICATION	IN DATE OF OF ATRON	19. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU YES [7]	NDINGS USED JSES OF DEATH?		
fem 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM IB PART I OR PART			
orked or	MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME_STREET, FACTORY, OFFICE	FARM, ETC )	211 LOCATION STREET	CITY OR TOV	vn county	Y STATE		
m 21 is m		sow the deceased alive or	oital) attended the deceased from	82,00	ad that in (my) (our) apinion	death accurred on the do				
± ± ±		27% SIGNATURE	5		ATTENDING PHYSICIAN	MEDICAL STAFI		-8-87		
MPORTANT		James C. Boy	rd, M.D.		Leonardtown		20650			
	230	BURIAL, REMATION, REMOVAI (SPECIFY)		NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE		
1/B1		Burial UNERAL DIRECTOR RINSFIELD FUNER	59 NADOREWS	ashing	ton Street III	Bloomfield TE REC'D. BY REGISTRAR 2 N 1 4 1982	Essex	Jersey		
			Leonard	town,	Maryland JU	IL T X 1905	70			

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME KNOWN A MONTH (TYPE OR PRINT) ESTI-MORGAN 19 82 ARTHUR LEONARD DEATH MATED JUNE 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR PRONOUNCED 82 WHITE AUG.6,1937 44 JUNE MALE DEAD To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 5 FOR MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. ST. MARY"S MD. WIDOWED DIVORCED 2, AND 3 TO THE FI 3. RETAIN PAGE 5 SHOULD BE FILED, IB. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS ST. MARY S HOSPITAL OR INDUSTRY LEONARDTOWN USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) LOVEVILLE 13a STATE ST. N 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS BOX MARY MD. YES [] NO X T. PAGES 1 AND 2 S DIVISION OF VITAL 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME GES 1, M PM MIDDLE MIDDLE FIRST MORGAN PEARL HAYDEN HENRY WM. 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-34-3302 SAME AS 13E. PEARL L. MORGAN ALONG WI 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: MYOCARDIAL INFARCTION IMMED IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF E, WRITING THE WOLLE MEDICAL EXAMINESTED TO THE CHIEF AS A BURIAL - TRANSIT STATE DEPARTMENT OF HEALTH AND MENTAL HY STATE OF THE MENTAL PRICE TO BURIAL, CREMATION, OR REMO Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH YEAR MEDICAL P.M 218 PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21 LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR, PAGE 3 AFTER DEATH, WITH THE STATE DE BEALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM FTC.) STREET WHILE CITY OR TOWN COUNTY WHILE AT WORK 22a I certify that I took charge of the remains described above, held on Autopsy ond in my opinion death resulted from: Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DEPUTY SIGNATURE MEDICAL EXAMINER William D. Boyd, M.D. Leonardtown, Md. EXAMINER'S NAME TYPE OR PRINT **ADDRESS** 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 6/5/82 Charles Memorial St. Mary's Md. Gdn .Leonardtown BP. 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH-17** W. Clarke Mattingley Leonardtown, Md. (VR A15 ME (5)) 15M 2/80



STATE OF MARYLAND

ALGERTA MYRES June 20, 1962 5:05A 10 L 5 L 18 L bitte "wan 9, 1911 the baid vicuo) etgas. fi Decorations .. to 9 .. Letigros e'van .. Arvivament with the company to the state of the state o Millian L. Boyro II., M.L. Jeon at town, Mr. 20550 THE THE WAS INVOLUDED AND THE TANK AND A THE SECOND Signification to the community of the control of th

	REGISTRAR DECEASED NAM	-	ST		MIDDLE	LAST		2a. D	ATE KNOW	N X MONT		YEAR	76 HOU
		Hous'			Daniel	Russe		DI	OF ESTI-			1982	1800
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	Md.	13bSC	ounty Mary	TION, GIVE	Valley L		DE CITY LIMITS?	BOX A	166° B	Vall	ey 1	Lee,	Md.
	George	Hou	uston	]	Russell		THER'S MAIDER		Ann		E11:	LAST	
160.	(YES, NO, ORUNKA	OWN) (IF YES,	ARMED FORCES GIVE WAR OR DATES)		None or (a), (b), and (c).)		George	H. R		ress 1	sar		
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TIFICATION	gove cause (c) lying ca	ins, if ony, we ise to immedial stating the unuse last.	thich (b) (b) DUE (c) (c) (IOHS CONTRIBUTING T	TO, OR A  TO, OR A  O DEATH BU	AS A CONSEQUENCE OF	F NAL DISEASE OR CONOI		1 (a),			20 /	AUTOPSY?	
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	1-	FOR STATE REGISTRAR			TH AND MENTAL HYGI S CERTIFICATE OF D		6 4 6 4
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PRESTON IN	3. SEX	Female White		1981 AT BIRTHDAY) W	UNDER 1 YR. IF UNDER 24 HR ONTHS DAYS HOURS MIN.	S. 2c. DATE MOR PRONOUNCED DEAD 6	
35 80 1	Eg	MaryTand	U.S.A	_ M	ARRIED NEVER MARRIED OWED DIVORCED	St. Mary	OUNTY OF DEATH
0	Ca	TY OR TOWN OF DEATH alifornia	(IE NOT IN SUCH E	SPITAL, NURSING HOME, OR	OTHER INSTITUTION 120 C	OS WAL OCCUPATION (TYPE OF WI OR MOST OF WORKING LIFE) Dependent	
5	USUA 13 MR	ATE IS C	ME OR OTHER INSTITUTION, G	Callifornia	13d. INSIDE CITY LIMITS Y 13ers	T# Pæskview	Drive
50	14 FA	illy	MIDOLE S	chreder	IS. MOTHER'S MAIDEN NA. MTreille	ME MIDDLE PE	errotte
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	NC	couse (o) stoting the und lying couse lost.  PART 2 OTHER SIGNIFICANT CONDITI	(c)	R AS A CONSEQUENCE OF	SEASE OR CONDITION GIVEN IN PART 1 (a).		
PRIOR TO BURIAL, CREMATION, OR REMOVA	FICATIO	19a. DATE OF OPERATION	19b. COND	ITION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
3	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE	HOUR A.A	M. MONTH DAY YEAR	HOW INJURY OCCURRED (ENT	ER NATURE OE INJURY IN ITEM 18 PART 1 (	YES NO OR PART 2)
	MEDI	216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		OF INJURY (AT HOME 211 CTORY, FARM, ETC.)	LOCATION	CITY OR TOWN	COUNTY STATE
RE, MARYLAND, 21201		22a. I certify that I taak ch death resulted from: N ACTUAL SKGNATURE	arge of the remains de	Accident Suicide	TITLE (SPECIFY)	determined monner .	ATE 6/30/82
AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	22- 01	EXAMINER'S NAME		EARROIL B.	ADDRESS		the Ma
	(5	JRIAL CREMATION, REMOVA Cremation	1July82	Cedar Hil	1 Crematory	Suitland, I	COUNTY STATE
IMH - 17 15 ME (5) )	24 FI	UNERAL DIRECTOR		uitland, Mar	250. DATE PEC'D	BY REGISTATION 25b	Q. Mar

STATE OF MARYLAND

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oral was I	reinceton erc	eton Ceretery	eomir.	6/23/62	rurial
		111 hd.			George F. Aslas

N	> /		item 6	#G569	7/6/82 ph	DEPARTMENT OF	HEALTH	ARYLAND AND MENTAL HY	0 6	1 6	466
1	0/		REGISTRAR CEASED NAME	FIRST	WEI	MIDDLE MIDDLE	IER'S C	ERTIFICATE OF		REG. NO.	H DAY YEAR 126 HOUR
	Box of E	(TYP	E OR PRINT)	Robert	t Norm	ian Ya	tes	Jr.	OF DEAT	H MATED XXJ UT	
	10000	Ma Ma	le	White	Feb. 20,	1910 72 Y	ARS IF UN AY) MONTH RS.	DER 1 YR. IF UNDER 24	HRS. 2c. DA'	INICED	8 19 82 1005 <sub>M</sub>
•	NEGESS UNNER A S. FOR	Ma	REIGN COUNTRY)	1	U.S.A.	HAT COUNTRY?	8. MARRI WIDOW	ED NEVER MARRIED	St	Mary s	NTY OF DEATH  MD.
	DELAY IS NEC 3 TO THE FUNE 10 BE FILED, WIT 105, 201 W P		TY OR TOWN (		at home	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS!	4 C1	ements, Md	FOR MOST OF ME	UPATION (TYPE OF WOR ORKING LIFE)	K 176 KIND OF BUSINESS OR INDUSTRY
21201	AND 3 AND 3 RETAIN HOULD	USU/ 136. S	TATE Md.	13 SEOU	e or other institution, gr	130. CTY OR TOWN	ON)	13d. INSIDE CITY LIMITS?	3. STREET ADD	34 Cleme	nts, Md.
BALTIMORE, MD.	HIN 24 HOURS AFTER DEATH. IF ANY DELAY IS IN ITEM IB. GIVE PAGES 1, 2, AND 3 TO THE F. A ALONG WITH FORM PM. 3. RETAIN PAGE 1, SIT PERMIT, PAGES 1 AND 2 SHOULD BE FILED. HYGIENE, DIVISION OFWITAL RECORDS, 201 WENOVAL.	R			Yates S					h Abell	LAST
BALTIMO	HOURS, AFTER I N 18. GIVE PAC JG WITH FOR! WHIT, PAGES I NE, DIVISION (L.	16s. V	VAS DECEASED ES NO OR UNKNOV <b>ES</b>	PEVER IN U.S. A	RMED FORCES? (E WAR OR DATES)	220-12-2		Belle Wa	then	Leonar (	dtown, Md.
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CORDS	BE EXECUDING" REDICAL NS A BUJ	NO				DUT NOT RELATED TO THE TERA		OR CONDITION GIVEN IN PART	1 (6).		
TAL RE	SHOULD ORD "PEI CHIEF A CHIEF	CERTIFICATION	190. DATE OF	OPERATION	196 CONDIT	TION FOR WHICH OPER	ATION W	AS PERFORMED?			20 AUTOPSY?
DIVISION OF VITAL RECORDS,	FICATE STATE WOULD BI	CAL CER	UNDERLYING	OR CAUSE OF		MONTH DAY YEAR	21c. HC	W INJURY OCCURRED	LENTER NATURE OF	INJURY IN ITEM 18 PART 1 OR	PART 2)
DIVISIO	WRITING WRITING WRDED 1 AGE 3 SH AGE 3 SH ATE DEPA	MEDICAL	214. INJURY O WHILE AT WORK		210 PLACE C STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION	CITY OR 1	OWN	COUNTY STATE
•	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 H EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEN BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOUVAL.		22ª I certify deoth resulte ACTUAL SIGNATURE_		rge of the remains des		Autops		Undetermined r	monner	
	MEDIC (ECUTE ) AGE 4 S FUNE TER DE	estal.			IAM D. BOÝ			ADDRESS		MARYLAND	
	BP	23a. B	URIAL, CREMAT	ION, REMOVAL	June 10	182 St.Fr			236 LOCATION COMPT	on St.Ma	ry's Md.
	DHMH-17 (VR A15 ME (5)) 15M 2/80	24 FI	UNERAL DIRECT	TOR	ADDRESS			250. DATE RE		RAR 256. REGISTRAR	

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